the size of a small hen's egg. The right pneumogastric nerve passed through this, but did not appear to be much compressed. The glands contained yellow tubercle in nearly every instance, the deposit beginning at the centre, and in some instances, occupying the whole gland; in others, however, there was a layer of gland tissue surrounding the tuberculous deposit. One or two of the enlarged glands seemed to be instances of simple hypertrophy. Under the microscope, the deposit in the lungs and glands was found to contain typical tubercle corpuscles ; but the enlarged glands in which no tubercle could be seen by the naked eye, could not be satisfactorily determined to contain it by the microscope.

Liver much enlarged, extending fully one and one-half inch below the edge of the right ribs. Marked peritonitis in the left upper part of the abdomen. Peritoneal covering of the spleen and adjacent parietal layer adherent, and gray granulations, intra-serous, were seen upon separating them. Transverse colon and upper part of the descending colon adherent by delicate, readily-lacerated, connective tissue filaments to the adjoining folds of intestine. No tuberculous granulations were detected between them however. These parts were quite wet with serum, but there could scarcely be said to be any peritoneal effusion.

Spleen contained a few very firm yellow granulations.

Small intestine appeared healthy; the mucous membrane of the latter half of the large bowel, however, was reddened, discolored, and softened, evidently in a state of chronic congestion. The colon was distended with flatus. The mesenteric glands were all enlarged, one or two of them being as large as hazelnuts.

The lower part of the abdomen appeared healthy.

Remarks.—The enlargement of the bronchial glands was clearly diagnosed during life from the character of respiration due to the pressure upon the right bronchus and trachea, and from the dulness on percussion in the interscapular space, the occurrence of epistaxis, and the enlargement of the cutaneous veins of the thorax, though this latter symptom was far from being marked, also aided in the diagnosis. Owing to the slight projection of the *manubrium*, however, and the complete dulness over it and the inner part of the right subclavicular space, a suspicion arose that the glands might be more extensively enlarged than at first appeared probable. The development of a cracked-pot sound to the right of sternum over the second rib increased the doubt, owing to the explanation advanced by Dr. Jenner, that not unfrequently this sound is produced here by the intervention of a thin layer of permeable lung tissue between the enlarged glands and the chest wall at the point of percussion. At the autopsy, however, these symptoms were fully explained by the peculiar form of tuberculous deposit in the anterior part of the upper lobe of the right lung.

The latency of the abdominal disease is also interesting; since the peritonitis was evidently recent, and yet did not reveal itself by distension, spontaneous pain or marked tenderness. The looseness of the bowels had continued from the attack of rubeola.

1867. *January* 23. *Recovery from Perforation of the Vermiform Appendix of the Cæcum.*—Dr. WM. PEPPER made the following remarks:—

The subject from whom the specimen was removed, a man about 70 years of age, was admitted to the Pennsylvania Hospital December 1, 1866, suffering from enlargement of prostate gland, with several false passages. He died a few days subsequently, partly at least from considerable hemorrhage into the bladder.

At the *post-mortem* examination six hours after death, which was conducted by Dr. Williams, Senior Resident of the Hospital, the lungs were found healthy; the heart extremely flabby and soft; the liver and spleen apparently healthy.

The kidneys were lobulated, their pelves dilated; the ureters healthy. Bladder enlarged and thickened; prostate gland much enlarged, with several false passages through it. No calculi present in any portion of genito-urinary tract. Abdominal walls loaded with fat. The omentum, mesentery, and meso-colon likewise contained abundance of fat.

Mesenteric glands not enlarged. The intestines appeared perfectly healthy; and presented no thickening of their coats or abnormal adhesions. On raising the vermiform appendix, however, it was noticed to be unusually stiff, and presented on its free extremity a mass of reddish-yellow colloid matter, about the size of a hazelnut. This adhered closely to one side of the appendix, near its termination; was very glutinous when touched, and had no peritoneal investment. The consistence of its exterior was quite soft and gummy; but towards the centre it became more resisting, as though from the presence of some organized tissue; and on cutting it open a delicate trabecular structure appeared in the centre.

When examined microscopically, it was found to contain some crystals of hæmatin; some large corpuscles, with coloured granular contents, and a few large nucleated cells; but the bulk of the mass was composed of small bodies, arranged in close apposition, and polyhedral from mutual pressure, with a very faint tinge of reddish-yellow. These bodies were entirely non-nucleated, and resembled altered blood-corpuscles. Positive proof of their nature was readily obtained by allowing the specimen to soak in water, when the corpuscles swelled up, and many of them regained the typical appearance of red blood-disks. Prolonged soaking caused all the corpuscles to rupture.

Upon laying open the vermiform appendix, its cavity was found obliterated, the part being, in fact, converted into a fibrous cord. At the centre of the attachment of this colloid mass, however, there was a round opening into the appendix about two lines in diameter. The edges of this opening were smooth and rounded, and a probe passed through it appeared immediately in the centre of the colloid material attached to its peritoneal surface. The cæcum around the opening of the appendix appeared perfectly healthy. The appendix had a meso-colon extending along the greater part of its length. Its extremity, however, and the mass attached to it were perfectly free, and if they had originally become adherent at any point, the adhesion had been entirely destroyed, and all traces of it removed.

We have here, therefore, every possible proof of a pathologico-anatomical character, of a previous perforation of the appendix vermiformis. The entire absence of history, and of any foreign body in the abdominal cavity, of course leaves the cause of the accident uncertain. Blood and lymph have been effused, and have prevented the escape of a sufficient amount of the contents of the bowel to excite any considerable peritonitis. Either no adhesions have been formed with the parietes or elsewhere, or they have been so delicate as to rupture under the natural movements of this part of the intestinal canal. The clot has contracted, undergone considerable absorption, and has finally acquired this gelatinous consistence, adhering firmly to the appendix. The small proportion of lymph effused has made the layer nearest the appendix more firm and organized, and has thus more surely closed the opening. The circumstance, however, which has rendered the cure permanent and complete, has been the adhesive inflammation, affecting the entire extent of the cavity of the appendix, and leading to its obliteration, and the transformation of the appendix into a mere fibroid cord.

This case is, I believe, quite unique, as affording post-mortem evidence of the possibility of the cure of this lesion. The probable length of time during which the clot had existed, and yet the blood corpuscles retained their distinctive features, is most interesting. And it may be added, that this case illustrates well the very trifling importance of the appendix, since its entire obliteration appears not to have been followed by any untoward symptoms.

On some Symptoms which follow Sudden Arrest of the Circulation in the Main Artery of a Limb.—Dr. JOHN ASHHURST, Jr., said: "I desire to call the attention of the Society to two symptoms which I have observed in several cases of deligation of the main artery of a limb, and which have been observed by others in cases of sudden arterial obstruction from disease. I refer to *hyperæsthesia* of the part below the seat of obstruction, and *increased temperature* in the same locality.

"It is generally stated by surgical writers that the first effect of the ligation of a large artery, such as the femoral, is a *diminution* of the temperature of the parts below, followed after some hours by an increase of heat, and still later again by a secondary diminution. I have, however, in two cases observed an immediate *increase* of temperature so rapid as to preclude the idea of its being caused by the afflux of blood to the surface in the establishment of the collateral circulation, and only explicable to my mind by taking into consideration the agency of the nervous system, probably a reflex condition being induced somewhat similar to that which produces the increased temperature in injuries of the upper part of the spinal cord. My observations have not been made with the thermometer, and are, therefore, of course, incomplete. My object in bringing them forward at this time is merely to invite others who may have the opportunity to unite with me in their verification.

"The other symptom to which I have referred, *hyperæsthesia*, I do not find generally noticed by surgical writers. I have observed it in three cases in which I have tied the femoral artery for popliteal aneurism; in the case where it was most marked, the excessive sensibility not entirely disappearing for a week or ten days. This symptom was also very prominent in a case of embolism of the common iliac artery, which Dr. Hutchinson reported to the Society in April, 1862.

"The sensory nerve fibres of the part below the seat of obstruction feel the loss of arterial blood (the local anæmia, as it were), and transmit an instant warning to the sensorium. Can we not here recognize a beautiful provision of nature, giving a caution to the patient to avoid pressure or rough handling of the limb, which, in the impaired state of the circulation, might easily produce excoriation and even sloughing?

"I once met with a case of general anæmia, in which the patient could not cross one leg over the other for a few minutes without the upper one 'going to sleep,' in the popular expression; an extremely disagreeable